Education and Training Program Approval Application 147

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Local Government & Consumer Services
P.O. Box 30255
Lansing, MI 48909
(517) 241-9347

Authority: 1986 PA 54 Completion: Mandatory Penalty: Program will not be approved	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires the Construction Code Commission to review and approve educational and training programs offered to building officials, plan reviewers, and inspectors to meet their continuing educational and training requirements as defined by the Act. Providers of educational and training programs shall complete this form and submit it to the address listed above with the required fee.

Instructions - In order to provide adequate time for review of a proposed program, **the application must be submitted at least 60 days prior to presentation of the program**. Please take care to complete the application thoroughly and provide all requested information. Questions regarding completion of this form may be directed to bureau staff at (517) 241-9347.

Approval is evidenced by a program approval report prepared by the bureau and issued to the applicant. This will include the date, conditions, and period of approval. Approval is typically granted for the three year registration cycle.

Fee: The fee for **each program** is **$25.00**. Please make check or money order payable to the **State of Michigan**.

Applicant Information (The name of the contact person provided below is the individual who may be contacted regarding the program. This person's name will appear on material distributed to registrants. If the application is made by an organization, association, or educational institution, please include the contact person.)

CONTACT PERSON		FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER	
ORGANIZATION / ASSOCIATION / EDUCATIONAL INSTITUTION (if applicable)		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Program Information

PROGRAM NAME - Provide the name of the program as you wish it listed. *(A separate application is required for each program--list one program name only.)*

ATTACH A COPY OF THE CURRICULUM OR TEACHING OUTLINE TO THE APPLICATION. *The application cannot be processed without a thorough curriculum or outline.*

COPY ATTACHED?   YES   NO

PROGRAM PURPOSE AND OBJECTIVE - A clearly defined statement of purpose and objective must be provided.

Program Information continued

PROVIDE THE BASIS, CODE, OR STANDARDS USED FOR THE DEVELOPMENT OF THE PROGRAM.

TRAINING EQUIPMENT, TEACHING AIDS, OR INSTRUCTIONAL MATERIALS TO BE USED.

IS THIS PROGRAM A HOME STUDY COURSE? (i.e., video tape, audio cassettes, or correspondence course)

     YES   NO

WILL THIS PROGRAM BE OFFERED ON A CONTINUAL BASIS?

     YES   NO

IS THE PROGRAM INTENDED FOR A PARTICULAR CONFERENCE OR SEMINAR AND OFFERED ONLY ON A SPECIFIC DATE?

     YES   NO

IF YES, PROVIDE THE CONFERENCE/SEMINAR, LOCATION, AND DATE.

CONFERENCE/SEMINAR _____

LOCATION _____

DATE OF CONFERENCE/SEMINAR _____

IDENTIFY THE CATEGORY/IES THIS PROGRAM IS DESIGNED TO MEET. (Note: If the program is designed to include more than one category, the curriculum or teaching outline must include the category identification by topic.) PARTICIPANTS MUST ATTEND THE ENTIRE PROGRAM TO RECEIVE CREDIT. **PARTIAL CREDITS WILL NOT BE GIVEN.**

Administration (Programs designed to enhance an applicant's understanding of laws, rules, and the administration and enforcement of related statutes and regulations)

Contact hours - Provide the number of contact hours required to conduct the program. Contact hours must be provided as *full* hours. _____

Communication (Programs designed to enhance an applicant's communication skills with the public and may include technical writing, public speaking, working with people, and other similar topics)

Contact hours - Provide the number of contact hours required to conduct the program. Contact hours must be provided as *full* hours. _____

Specialty (Programs designed to increase an applicant's knowledge of inspection and construction techniques in the various classifications)

Contact hours - Provide the number of contact hours required to conduct the program. Contact hours must be provided as *full* hours. _____

Technical (Programs designed to discuss technical code provisions)

Identify the code on which the program is based _____

(Technical hours are credited according to the code on which the program is based. Only those registered as enforcing those codes receive credit for attendance. If the program is designed to encompass more than one code, i.e., building, electrical, mechanical, or plumbing, this must be shown in your curriculum or teaching outline.)

Contact hours - Provide the number of contact hours required to conduct the program. Contact hours must be provided as *full* hours. _____

Plan Review (Programs designed to enhance an applicant's knowledge of examining construction documents to determine compliance with applicable codes)

Contact hours - Provide the number of contact hours required to conduct the program. Contact hours must be provided as *full* hours. _____

Program Information continued

IDENTIFY THE CRITERIA OR PERFORMANCE MEASUREMENT TO DETERMINE PARTICIPANTS WHO SUCCESSFULLY COMPLETE THE PROGRAM.

IDENTIFY THE PROCESS FOR REPORTING PARTICIPANT NAMES, REGISTRATION NUMBERS, AND VERIFICATION OF SUCCESSFUL PROGRAM COMPLETION TO THE BUREAU OF CONSTRUCTION CODES.

BCCFS Program Attendance Rosters (originals only)

Other _____

THE RULES REQUIRE THAT YOU ESTABLISH PERMANENT RECORDS OF STUDENT ACTIVITIES, INCLUDING COURSE TITLES, STUDENT ATTENDANCE, AND COURSE EVALUATION CRITERIA. PLEASE IDENTIFY BY WHOM AND WHERE THOSE RECORDS WILL BE MAINTAINED.

INSTRUCTOR INFORMATION *(The instructors of educational and training programs must be approved by the Construction Code Commission. If the instructor identified below does not have an instructor identification number issued by the Bureau, the instructor must submit an application for instructor approval before the program application may be processed.)*

Name of Instructor _____

BCCFS Instructor Approval Number _____
(Instructor Approval Application must be attached if the instructor identified above does not have a current approval number)

SIGNATURE

APPLICANT'S SIGNATURE	DATE